

City of Aleknagik

P.O. Box 33 Main Street
Aleknagik, AK 99555-0033
Phone: 907-842-5953 or 842-2528
Fax: 907-842-2107

Application for Employment

PERSONAL INFORMATION:

Name: _____
Last First Middle

Address: _____
PO Box/Street City State Zip Code

Day Time Phone: () _____-_____ Evening Phone: () _____-_____

Identification Number: _____ Driver's License Number: _____

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____ Salary desired: _____/hr

Are you employed now? : _____ If answered yes, may we contact employer? _____

Have you ever applied to this company before, if so, where and when? :

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older

EDUCATION:

EDUCATION TYPE	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			

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Subjects or special study:

What other languages can you speak? :

Read: _____ Write: _____

Activities: Civic, Athletic, etc:

Other: _____

FORMER EMPLOYERS (List below, starting with the most recent first)

<i>Company Name</i>		<i>Company Address</i>
<i>Supervisor Name</i>		<i>Phone Number</i>
<i>Salary per hour</i>	<i>Position</i>	<i>Reason for Leaving</i>
<i>Date started working</i>		<i>Date left work</i>

<i>Company Name</i>		<i>Company Address</i>
<i>Supervisor Name</i>		<i>Phone Number</i>
<i>Salary per hour</i>	<i>Position</i>	<i>Reason for Leaving</i>
<i>Date started working</i>		<i>Date left work</i>

<i>Company Name</i>		<i>Company Address</i>
<i>Supervisor Name</i>		<i>Phone Number</i>
<i>Salary per hour</i>	<i>Position</i>	<i>Reason for Leaving</i>
<i>Date started working</i>		<i>Date left work</i>

REFERENCES

(Give below the names of three persons not related to you, whom you have known for at least one year)

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>YEARS ACQUAINTED</i>
<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>YEARS ACQUAINTED</i>
<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>YEARS ACQUAINTED</i>

IN CASE OF EMERGENCY

PLEASE NOTIFY:

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>RELATIONSHIP</i>
<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>RELATIONSHIP</i>

IN ORDER TO PROVIDE EQUAL EMPLOYMENT AND ADVANCEMENT OPPORTUNITIES TO ALL INDIVIDUALS, APPLICANTS AND EMPLOYEES SHALL BE ASSURED OF FAIR TREATMENT IN ALL ASPECTS OF PERSONNEL ADMINISTRATION WITHOUT REGARD FOR POLITICAL AFFILIATION, RACE, CREED, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR ANCESTRY, MARITAL STATUS, CHANGE IN MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, PREGNANCY, PARENTHOOD OR ANY OTHER PROTECTED CLASSES UNDER RELEVANT FEDERAL, STATE AND LOCAL LAWS. INDIVIDUALS SHALL LIKEWISE BE TREATED WITH PROPER REGARD FOR THEIR PRIVACY AND CONSTITUTIONAL RIGHTS AS CITIZENS.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. BY SIGNING BELOW I UNDERSTAND WHAT I HAVE READ, AND ALL AREAS THAT ARE FILLED ARE THE BEST TO MY KNOWLEDGE.

Signature of Applicant

Date

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E-mail: cityalek@nushtel.com

-DRUG/ALCOHOL TEST CONSENT-

I, _____, consent to drug and/or alcohol testing for the purposes of determining if I am fit to work. I understand that drug and alcohol testing is a condition of my employment and that I may be asked to take drug and alcohol tests before and during employment. The results of these tests will be reviewed by my employer and used to make employment decisions and take disciplinary action, if needed.

Employee Signature

Date

****PRIVACY NOTICE****

THIS NOTICE DESCRIBES HOW YOUR DRUG/ALCOHOL TEST RESULTS MAY BE USED AND DISCLOSED AND HOW TO ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The City of Aleknagik will use the drug/alcohol test results to determine if you are fit to work at the time of employment or whenever you are involved in an incident. The drug/alcohol test results will be used to determine appropriate personnel action. The City of Aleknagik may disclose the information as permitted or required by law or with your written authorization. You have a right to inspect and copy your records; ask to amend incomplete or inaccurate information in your records; receive an accounting of any disclosures; receive a paper copy of this notice; and file a complaint without penalty. The City of Aleknagik must maintain the privacy of your test results and give you a copy of and follow this notice. The City of Aleknagik may change this Notice. The VPSO, City Council, and City Staff must follow this notice. Each time you are asked to take a Drug or Alcohol Test, the results will be placed in a Privacy Envelope and placed in your confidential personnel file in a locked cabinet at the City Office. If you believe that your privacy rights have been violated, you may file a written complaint at the City Office.

Employee Signature

Date